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				January <u>5</u> , 2005			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	R ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/004,521	11/14/2001	Beoms	BEKAP007 4390					
TITLE OF INVENTION: P	HASE SYNCHRONOUS M	ULTIPLE LC TANK OSCILL	ATOR		_			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	IBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400		01/07/2005	
EXAMINER		ART UNIT (ASS-SUBCLASS				
KINKEAD, ARNOLD M		2817		331-046000				
CFR 1.363). Change of correspond Address form PTO/SB/12 Free Address" indicate PTO/SB/47; Rev 03-02 o Number is required.	Correspondence (1) the na or agents (2) the na registered c of a Customer 2 registered 2 registered	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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